

**MEDICAL EMERGENCY RELEASE FORM**

**FAMILY NAME** \_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_ has been unsuccessful, please  
Telephone No.

Contact the following responsible adult who has my permission to make emergency medical decisions for:

\_\_\_\_\_  
Name of Child                      Name of Child                      Name of Child                      Name of Child

**Name of Adult:** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

If they are not available, I give my consent for the release of the emergency Medical Authorization form to the designated preferred dentist, physician or hospital, as my first choice for medical care. If they are not readily available, another licensed dentist, doctor or hospital may be selected by the responsible adult representative of St. Anthony/St. Mary Church.

Preferred Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two other licensed dentists or physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**St. Anthony/St. Mary PSR Activity Permission Slip  
2020-21**

The above child/children have permission to participate in any and all class projects, field trips and activities in connection to the Religious Education Program at St. Anthony Parish, 145 Center St. Milan, Ohio 44846 or St. Mary Parish, 38 W. League St. Norwalk, Ohio 44857.

In the event of accident or injury, I will not hold St. Anthony Parish, St. Mary Parish, it's staff, volunteers, etc. financially or personally liable.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date